1930s and are in severe state of deterioration. Even with maintenance, breaks have developed along the pipeline and in manholes. These breaks allow excess rainwater and groundwater to enter the collection system adding extreme pressure to an overtaxed system resulting in Sanitary Sewer Overflows, SSOs, which are violations of the Clean Water Act. The City has entered into a Consent Decree with the Environmental Protection Agency, EPA, that requires the City to pay a fine of $235,000 and implement of a costly sewer rehabilitation program to eliminate SSOs within 11.5 years. The cost of this program is estimated to cost over $150 million. To date the City of Monroe has spent $110 million toward this goal, implementing many of the projects needed to upgrade its wastewater treatment system as mandated by the Consent Decree. This effort has put a severe financial strain on the City's resources limiting chances to fuel economic growth in areas of the City. Funding assistance from the federal government is imperative if the City is to meet the remaining requirements of the EPA Consent Decree, in particular, rehabilitation and general I/I abatement work, SSO corrective action.

## EARMARK DECLARATION

### HON. ROBERT E. LATTA

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, December 1, 2009*

Mr. LATTA. Madam Speaker, pursuant to the Republican Leadership standards on earmarks, I am submitting the following information for publication in the CONGRESSIONAL RECORD regarding earmarks I received as part of H.R. 2996, the Fiscal Year 2010 Interior, Environment, and Related Agencies Appropriations Act Conference Report.

Requesting Member: Congressman ROBERT E. LATTA

Bill Number: H.R. 2996, Fiscal Year 2010 Interior, Environment, and Related Agencies Appropriations Act

Account: EPA; STAG Water and Wastewater Infrastructure Project

Legal Name of Requesting Entity: City of Fostoria, Ohio

Address of Requesting Entity: 213 South Main Street, Fostoria, OH 44830

Description of Request: $500,000 for the City of Fostoria for the planning, design and construction of a new sanitary pump station and force main. The existing sewer system within the project area is required to be studied in detail. The study will include the investigation of sewer alignments, sizes, catchment areas, and capacity. The study may also include the development of the most economic protocol to full/partial separate sanitary and storm sewers, redirecting inflow to the East Branch of the Portage River. This project will significantly expedite the City's compliance with the Clean Water Act. I certify that neither I nor my spouse has any financial interest in this project.

## STATEMENT ON: AFFORDABLE HEALTH CARE FOR AMERICA ACT

### HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, December 01, 2009*

Mr. INSLEE. Madam Speaker, I rise today to express my support for the Affordable Health Care for America Act. Today marks an historic day for the health of all Americans. Today, this Congress joins with the American people to say that health care is not only a policy issue, but an issue of morality; and no longer will the conscience of this country allow Americans to go without access to affordable, comprehensive health care coverage. I want to thank Speaker PELOSI and the House leadership for their steadfast determination; and Chairmen RANGEL, MILLER, and particularly Chairman WAXMAN of the Energy and Commerce committee on which I am proud to sit, for their thoughtful leadership on this issue.

Access to affordable health care has the power to break the shackles imposed on Americans today who are fearful of leaving their job, starting a new business, or going to the doctor due to their lack of coverage. In my district alone, this bill has the power to provide coverage for 30,000 uninsured residents; improve employer-coverage for 524,000 residents; provide credits to help pay for coverage for up to 120,000 households; improve Medicare for 84,000 beneficiaries, including closing the prescription drug donut hole for 7,400 seniors; allow 20,000 small businesses to obtain affordable health care coverage and provide tax credits to help reduce health insurance costs for up to 18,600 small businesses. Additionally, this legislation will protect up to 1,100 families from bankruptcy due to unaffordable health care costs; and reduce the cost of uncompensated care for hospitals and health care providers by $28 million.

As a member of the Energy and Commerce committee I was able to fight to include several provisions that will improve access to affordable health care in Washington state, the most important of which is President Obama's public health insurance option. Like our President, I believe that it is important to protect the interest of the consumer by providing choices so that people may decide which health insurance solution works best for them and their family. That is one reason I am a strong advocate of a public health insurance option. The President's public health insurance option will be offered in a health insurance exchange, created in this bill, alongside coverage sold by private insurers; thereby using natural market competition to control the rising cost of health coverage while protecting consumer choice. The implementation of this exchange will make insurance affordable for an additional 36 million Americans, raising the share of legal, nonelderly residents with health insurance coverage from 83 percent to 96 percent. The public insurance option will bring competition to the marketplace and consumer interests will be protected by addressing affordability and access issues that plague our current system.

Washington state is a leader in high-quality, efficient health care. Our doctors and hospitals produce some of the country's best health care outcomes. We have a culture of medicine that places emphasis on patient safety, outcomes, and care. And yet for decades we have been penalized for our efficiency by receiving lower reimbursement rates per service under the Medicare fee-for-service reimbursement model. On average our providers are reimbursed fifteen to fifty percent less per service than their counterparts in other parts of the country. The reason for this discrepancy is that our statewide efficiency gives the appearance that it merely costs less to deliver care in the state because our overall patient costs are lower.

Opponents have argued that practice expenses vary by geography. But, on November 5, 2009, the American Medical Association (AMA) released the results of its 2007–2008 study that included physician practice expense information from over seventy medical specialty societies and the Centers for Medicare and Medicaid Services Physician Practice Information (PPI) survey. The results of the study showed that expenses did not differ significantly by either metro location or census region and reconfirmed what providers in Washington state have know for decades—that the Medicare physician payment formula is flawed.

To this end, I was honored to be one of eight Members chosen by Speaker PELOSI to negotiate a resolution to this geographic disparity issue that has plagued our country for decades. The result, after four months of negotiations, is an agreement that will move the nation to a system that rewards high quality, cost-effective care; reimbursing for the value rather than the volume of services. It will fix existing Medicare geographic payment inequities and will cover both physician and hospital payments. This will provide an historic transformation of the Medicare payment system to ensure better care for patients and reduce health care costs over the long term.

The first part of the agreement addresses the geographic variation in the rates doctors are paid per service. The bill instructs the Institute of Medicine (IOM) to conduct a study to evaluate and make recommendations to improve the geographic adjustment factors in the Medicare reimbursement formulas which will be completed one year after enactment. The Secretary of HHS will then implement a new Medicare payment rate that takes into account the IOM recommendations. An initial investment of $4 billion per year in 2012 and 2013 is allocated to make payment rate adjustments. After 2013 reimbursement adjustments will become budget neutral.

Geographic variation in the utilization of services is addressed in the second IOM study on high value care. The IOM will make recommendations on how to transform the Medicare payment system to reward value and quality of care. Value is defined as the efficient delivery of high quality, evidence-based, patient-centered care. The study will be completed by April 15, 2011. No later than ninety days after the report is completed, the Secretary of HHS will submit to Congress a preliminary implementation plan based on the IOM study, which MedPac and GAO will evaluate within forty-five days. The IOM's quality and value-based payment recommendations will automatically go into effect unless the House and Senate pass joint resolutions of disapproval by May 31, 2012. The goal was to finish all studies and changes before the public option goes into effect in 2013 so the recommendations would be incorporated.